

**MONROE COUNTY HEALTH DEPARTMENT  
APPLICATION FOR LEVEL 2 RECERTIFICATION  
FOOD HANDLER TRAINING COURSE**

**PLEASE PRINT**

**Last Name**

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**First Name, Middle Initial**

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**Address (Street Number, Street Name, Apartment #)**

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**City, State & Zip Code**

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**Daytime Telephone Number (Please include the Area Code)**

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**Name of Business or Place of Food Service Employment**

\_\_\_\_\_

**Position Held** \_\_\_\_\_

**Level 2 Food Certification Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

THE RECERTIFICATION COURSE IS APPROXIMATELY TWO HOURS OF TRAINING. THE FEE IS \$50.00 PAYABLE BY CASH, CHECK OR MONEY ORDER. IF PAYING BY CASH, PLEASE HAVE THE CORRECT AMOUNT. WE ARE UNABLE TO PROCESS A CREDIT CARD. PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO: **MONROE COUNTY HEALTH DEPARTMENT OR MCHD.** IF PAYING BY CASH, YOU MAY GO TO THE ADDRESS BELOW TO PAY THIS FEE.

**PLEASE COMPLETE THIS APPLICATION AND MAIL IT AND YOUR PAYMENT TO:**

**Monroe County Department of Health  
Food Certification Program, Room 1020  
111 Westfall Road  
Rochester, NY 14692**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_